

TAX YEAR 2013 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION - DV

1. OWNERSHIP - CHOOSE 1 <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS <small>SUBMIT RECEIPT IF APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.</small>				2. LIFE ESTATE - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES REMAINDER ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES- PROVIDE INCOME AND COMPLETE 49-55.				3. MOBILE HOME - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES <small>IF YES, ATTACH TITLE OR BOS.</small>				COUNTY <input type="checkbox"/> TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT																					
4. COUNTY #	5. CITY #	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI	13. SSD1	14. SSD2	15. SSD3																						
16. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$		17. DATE TAXES PAID MONTH DAY YEAR		18. 25% ASSESSMENT RESIDENTIAL ONLY		19. TAX RATE		20. RECEIPT #		21. TAX BILL AMOUNT		28. CLASSIFICATION <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOW/ER OF DISABLED VETERAN (F-16S)																					
22. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$		23. DATE TAXES PAID MONTH DAY YEAR		24. 25% ASSESSMENT RESIDENTIAL ONLY		25. TAX RATE		26. RECEIPT #		27. TAX BILL AMOUNT																							
29. LAST NAME						30. FIRST NAME			31. MI	32. ADDITIONAL OWNER(S) IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).																							
33. SOCIAL SECURITY NUMBER			34. MEDICARE CLAIM NUMBER		MED. CODE	35. BIRTH DATE MONTH DAY YEAR		36. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	37. TELEPHONE NUMBER () -																								
38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.) (PRINCIPLE RESIDENCE)						47. APPLICANT LOCATION - CHOOSE 1 <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY <input type="radio"/> IN NURSING HOME <input type="radio"/> AT RELATIVE'S HOME <input type="radio"/> OTHER YEAR RELOCATED:			48. THE INCOME LIMIT IS: \$27,800 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">ANNUAL 2012 INCOME</th> </tr> <tr> <th>APPLICANT</th> <th>SP/CO/RM</th> </tr> </thead> <tbody> <tr> <td>SSA</td> <td>\$ \$</td> </tr> <tr> <td>SSI</td> <td>\$ \$</td> </tr> <tr> <td>RET/PEN</td> <td>\$ \$</td> </tr> <tr> <td>VA</td> <td>\$ \$</td> </tr> <tr> <td>WORKERS' COMP</td> <td>\$ \$</td> </tr> <tr> <td>SALARY/WAGES</td> <td>\$ \$</td> </tr> <tr> <td>DIV/INT</td> <td>\$ \$</td> </tr> <tr> <td>OTHER</td> <td>\$ \$</td> </tr> <tr> <td>TOTAL</td> <td>\$ \$</td> </tr> </tbody> </table>			ANNUAL 2012 INCOME		APPLICANT	SP/CO/RM	SSA	\$ \$	SSI	\$ \$	RET/PEN	\$ \$	VA	\$ \$	WORKERS' COMP	\$ \$	SALARY/WAGES	\$ \$	DIV/INT	\$ \$	OTHER	\$ \$	TOTAL	\$ \$
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39. PROPERTY CITY				40. ZIP CODE		GIVE REASON FOR RELOCATION IN REMARKS IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES LEASE TERM (IN MONTHS)			NO INCOME <input type="checkbox"/>																								
41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)						46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>			GRAND TOTAL \$																								
42. MAILING CITY				43. STATE	44. COUNTRY		45. ZIP CODE		GIVE REASON FOR USE IN REMARKS																								
49. <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME						50. FIRST NAME			51. MI	ARE YOU MARRIED? - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES - COMPLETE BLOCKS 48, 49-55 AND 85 OR COMPLETE F-10 FORM <small>SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY.</small>																							
52. SOCIAL SECURITY NUMBER			53. MEDICARE CLAIM NUMBER		MED. CODE	54. BIRTH DATE MONTH DAY YEAR		55. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>																									

COMPLETE BLOCKS 56-78 ONLY WHEN APPLICANT HAS TWO (2) RECEIPTS ON WHICH TAX RELIEF IS TO BE PAID. **EXAMPLE:** MOBILE HOME / LAND SPLIT, OR COUNTY / CITY

56.	CITY #	57. DI	58. MAP	59. GROUP	60. CNTL MAP	61. PARCEL	62. PI	63. SI	64. SSD1	65. SSD2	66. SSD3
SECOND PARCEL #:											
67. COUNTY TAX		68. DATE TAXES PAID		69. 25% ASSESSMENT		70. TAX RATE		71. RECEIPT #		72. TAX BILL AMOUNT	
ISSUE PAYMENT TO:		MONTH DAY YEAR		RESIDENTIAL ONLY							
<input type="checkbox"/> Applicant <input type="checkbox"/> County											
\$											
73. CITY TAX		74. DATE TAXES PAID		75. 25% ASSESSMENT		76. TAX RATE		77. RECEIPT #		78. TAX BILL AMOUNT	
ISSUE PAYMENT TO:		MONTH DAY YEAR		RESIDENTIAL ONLY							
<input type="checkbox"/> Applicant <input type="checkbox"/> City											
\$											
79. DECEASED OWNERS:			LAST NAME			FIRST NAME			RELATION		
									YEAR OF DEATH		
						1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING					
						2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER					
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						2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER					
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						2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER					
80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE?						81. Comments: (Please Print)					
<input type="checkbox"/> NO <input type="checkbox"/> YES											
IF YES, GIVE COUNTY NAME: _____											
82. Certification by Collecting Official:											
I assert that I have exercised reasonable care and am satisfied that the applicant understood the following:											
(a) all changes of spouse and owners were to be listed; and											
(b) all income from all sources for applicant's spouse and each owner was to be listed and was not to exceed the income limit; and											
(c) intentionally providing false information could subject the applicant to penalty and interest charges in addition to immediate repayment of any tax relief received for years in which false information was provided.											
I further assert that I detect no condition in this application/voucher, which would necessitate any documentation from this applicant in addition to that submitted.											
<input type="checkbox"/> Trustee or											
<input type="checkbox"/> City Collecting Official:											
I certify this information to be correct and understand that the information I have provided is subject to verification through matching programs with the social security administration. I understand I am subject to penalty and interest for intentionally providing false information.											
83. APPLICATION DATE:				84. APPLICANT'S SIGNATURE:				85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE:			
/ / 20											
86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by:						Witness Address			Witness Address		

Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.

To avoid penalty and interest, total tax must be paid by delinquency date.

